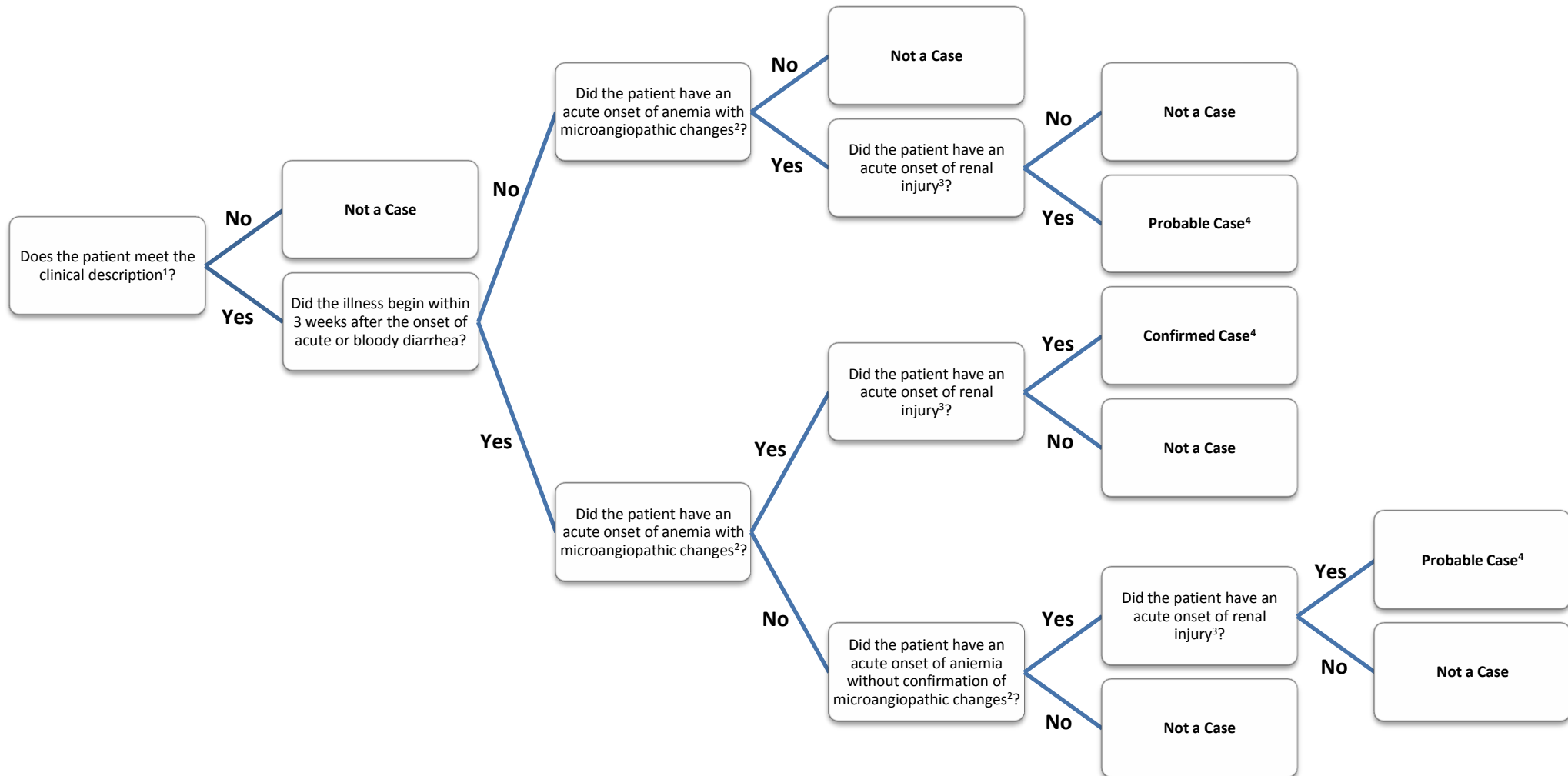


HUS Case Classification Flow Chart

December 2013 – based on the 1996 CSTE Case Definition



Hemolytic Uremic Syndrome, Post-diarrheal (HUS)

¹ **Clinical Description:** Hemolytic uremic syndrome (HUS) is characterized by the acute onset of microangiopathic hemolytic anemia, renal injury, and low platelet count. Thrombotic thrombocytopenic purpura (TTP) also is characterized by these features but can include central nervous system (CNS) involvement and fever and may have a more gradual onset. Most cases of HUS (but few cases of TTP) occur after an acute gastrointestinal illness (usually diarrheal).

Note: a low platelet count can usually, but not always, be detected early in the illness, but it may then become normal or even high. If a platelet count obtained within 7 days after onset of the acute gastrointestinal illness is not less than 150,000/mm³, other diagnoses should be considered.

Comment: Some investigators consider HUS and TTP to be part of a continuum of disease. Therefore, criteria for diagnosing TTP on the basis of CNS involvement and fever are not provided because cases diagnosed clinically as post-diarrheal TTP also should meet the criteria for HUS. These cases are reported as post-diarrheal HUS.

² **Microangiopathic changes:** (i.e., schistocytes, burr cells, or helmet cells) on peripheral blood smear

³ **Renal Injury:** Evidenced by either hematuria, proteinuria, or elevated creatinine level (i.e., greater than or equal to 1.0 mg/dL in a child aged less than 13 years or greater than or equal to 1.5 mg/dL in a person aged greater than or equal to 13 years, or greater than or equal to 50% increase over baseline).

⁴ **Confirmed/Probable Case:** Most diarrhea-associated HUS is caused by STEC, most commonly *E. coli* O157. If a patient meets the case definition for both STEC and HUS, the case should be reported for each of these conditions.